

# Work Order ID 88171

\*88171\*

Page 1

July-31-12 9:49:16 AM

Item ID: D3023-1 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Back Panel  
 Start Date: 7/31/12 Start Qty: 1.00 \*1\* Cust Item ID:  
 Required Date: 8/24/12 Req'd Qty: 1.00 \*1\* Customer:  
 Reference:

Approvals: Process Plan: MLJ Date: 12/08/01 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
 Run Start \*NR1\*  
 Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                            |                      |         |        |              |               |               |                  |                |
| D3023                          | Rev A                                   |                      |         |        |              |               |               |                  |                |
| 100                            | FLOW WATER JET                          | 0.00                 |         |        |              |               |               |                  |                |
| *100*                          |   |                      |         |        |              |               |               |                  |                |
| Waterjet                       | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| FLOW CNC Waterjet              | 1-Cut as per Dwg D3023                  |                      |         |        |              |               |               |                  |                |
| 2024 . 032                     | Dwg Rev: <u>A</u>                       |                      |         |        |              |               |               |                  |                |
|                                | Prog Rev: <u>A</u>                      |                      |         |        |              |               |               |                  |                |
|                                | ***graind direction along 28.100" ***   |                      |         |        |              |               |               |                  |                |
|                                | 2-Deburr if necessary                   |                      |         |        |              |               |               |                  |                |
| 110                            | QC2- Inspect parts off machine FAI/FAIB | 0.00                 |         |        |              |               |               |                  |                |
| *110*                          |   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |   |                      |         |        |              |               |               |                  |                |

1 0 Jm 12-8-18  
 1 0 Jm 12-8-18

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |     |   |                      |   |                |              |              |  |  |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |              |  |  |
| <b>Root Cause</b>  | Date | Step | Qty | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector |  |  |
| Doc/Data   |      |      |     |   |                      |   |                |              |              |  |  |
| Equip/Tooling  |      |      |     |   |                      |   |                |              |              |  |  |
| Operator   |      |      |     |   |                      |   |                |              |              |  |  |
| Material   |      |      |     |   |                      |   |                |              |              |  |  |
| Setup  |      |      |     |   |                      |   |                |              |              |  |  |
| Other  |      |      |     |   |                      |   |                |              |              |  |  |
| Process  |      |      |     |   |                      |   |                |              |              |  |  |
| Supplier   |      |      |     |   |                      |   |                |              |              |  |  |
| Training   |      |      |     |   |                      |   |                |              |              |  |  |
| Unapproved   |      |      |     |   |                      |   |                |              |              |  |  |

| FAULT CATEGORY           |                              |                          |                |                          |                                 |                          |                      |                          |                    |
|--------------------------|------------------------------|--------------------------|----------------|--------------------------|---------------------------------|--------------------------|----------------------|--------------------------|--------------------|
| <b>Landing Gear</b>      |                              |                          | <b>General</b> |                          |                                 |                          |                      |                          |                    |
| <input type="checkbox"/> | Bending                      | <input type="checkbox"/> | Bend           | <input type="checkbox"/> | Grain                           | <input type="checkbox"/> | Ovalized             | <input type="checkbox"/> | Pressure/Forced    |
| <input type="checkbox"/> | Centre Not Concentric to O/S | <input type="checkbox"/> | BOM/Route      | <input type="checkbox"/> | Hardware                        | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Temperature/Cure   |
| <input type="checkbox"/> | Cracks                       | <input type="checkbox"/> | Broken/Damaged | <input type="checkbox"/> | Inspection Incomplete           | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> | Weld               |
| <input type="checkbox"/> | Crushed/Crimped              | <input type="checkbox"/> | Burrs          | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> | Wrong Stock Pulled |
| <input type="checkbox"/> | Cuffs                        | <input type="checkbox"/> | Contamination  | <input type="checkbox"/> | Maintenance                     | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> | Other              |
| <input type="checkbox"/> | Heat Treat                   | <input type="checkbox"/> | Countersink    | <input type="checkbox"/> | Mislabeled                      | <input type="checkbox"/> | Positioned Wrong     |                          |                    |
| <input type="checkbox"/> | Inspection Strip in Tube     | <input type="checkbox"/> | Cut Too Short  | <input type="checkbox"/> | Misread                         | <input type="checkbox"/> | Power Loss/Surge     |                          |                    |
| <input type="checkbox"/> | Ripples in Bend              | <input type="checkbox"/> | Drill Holes    | <input type="checkbox"/> | Offset                          |                          |                      |                          |                    |
| <input type="checkbox"/> | Torque Waves in Extrusion    | <input type="checkbox"/> | Drawing        | <input type="checkbox"/> | Out of Calibration              |                          |                      |                          |                    |
| <input type="checkbox"/> | Turning Sequence             | <input type="checkbox"/> | Finish         | <input type="checkbox"/> | Out of Sequence                 |                          |                      |                          |                    |
| <input type="checkbox"/> | Wave/Twist in Tube           | <input type="checkbox"/> | Folio          | <input type="checkbox"/> | Outside Dimensions              |                          |                      |                          |                    |

# Work Order ID 88171

\*88171\*

Page 2

July-31-12 9:49:16 AM

Item ID: D3023-1 Accept \*N900040100\* Setup Start \*NS1\*  
Revision ID: Stop \*NS2\*  
Item Name: Back Panel  
Start Date: 7/31/12 Start Qty: 1.00 \*1\* Cust Item ID:  
Required Date: 8/24/12 Req'd Qty: 1.00 \*1\* Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID        | Operation<br>Description                                  | Set Up/<br>Run Hours | Tool ID | Tool #         | Plan<br>Code          | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|---------------------------------------|---|----------------------|---------|----------------|-----------------------|---------------|---------------|------------------|----------------|
| 120<br>*120*<br>QC<br>Quality Control | QC8- Inspect parts - second check<br><br>Memo             | 0.00<br>0.00         |         | 12/05/12       |                       |               |               |                  |                |
| 130<br>*130*<br>Brake NC<br>Brake NC  | Form as per dwg<br><br>Memo                               | 0.00<br>0.00         |         |                |                       | /             |               |                  | 81<br>12/09/12 |
| 140<br>*140*<br>QC<br>Quality Control | QC5- Inspect part completeness to step on W/O<br><br>Memo | 0.00<br>0.00         |         | Smb<br>12-9-17 | DAS<br>16<br>12/05/12 | 1             |               |                  |                |

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |     |   |                      |   |                |              |              |  |  |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |              |  |  |
| <b>Root Cause</b>  | Date | Step | Qty | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |   |                      |   |                |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |   |                      |   |                |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |   |                      |   |                |              |              |  |  |

| FAULT CATEGORY  |   |  |   |   |  |  |  |  |  |
|---|---|--|---|---|--|--|--|--|--|
| <b>Landing Gear</b>                                   |   |  | <b>General</b>                                |   |  |  |  |  |  |
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           | <input type="checkbox"/> Ovalized             | <input type="checkbox"/> Pressure/Forced    |  |  |  |  |  |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Temperature/Cure   |  |  |  |  |  |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           | <input type="checkbox"/> Part Incorrect       | <input type="checkbox"/> Weld               |  |  |  |  |  |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing    | <input type="checkbox"/> Wrong Stock Pulled |  |  |  |  |  |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     | <input type="checkbox"/> Part Moved           |   |  |  |  |  |  |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      | <input type="checkbox"/> Positioned Wrong     |   |  |  |  |  |  |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         | <input type="checkbox"/> Power Loss/Surge     | <input type="checkbox"/> Other              |  |  |  |  |  |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |   |   |  |  |  |  |  |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |   |   |  |  |  |  |  |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |   |   |  |  |  |  |  |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |   |   |  |  |  |  |  |

Work Order ID 88171

\*88171\*

Page 3

July-31-12 9:49:16 AM

Item ID: D3023-1

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Back Panel

Start Date: 7/31/12

Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 8/24/12

Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

180

Identify as per dwg & Stock Location: *W/S*

0.00

\*180\*

Packaging

Memo

0.00

Packaging

190

QC21- Final Inspection - Work Order Release

0.00

\*190\*

QC

Memo

0.00

Quality Control

*Q**12-9-19**12/9/19**ME 12-09-19*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |   |   |                   |   |             |              |  |  |   |
|--|------|------|---|---|-------------------|---|-------------|--------------|--|--|---|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |  |  |   |
| <b>Root Cause</b>  | Date | Step | Qty   | Description of work order update or Non-conformance   | Initial Chief Eng | Action Description  | Sign & Date | Verification | QC Inspector   |  |   |
| Doc/Data <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |
| Equip/Tooling <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |
| Operator <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |
| Material <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |
| Setup <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |
| Other <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |
| Process <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |
| Supplier <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |
| Training <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |
| Unapproved <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |
| <b>FAULT CATEGORY</b>  |      |      |   |   |                   |   |             |              |  |  |   |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |

# Picklist Print

July-31-12 9:49:16 AM

Page 1

Work Order ID: 88171

Parent Item: D3023-1

Parent Item Name: Back Panel

Start Date: 7/31/12

Required Date: 8/24/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP C02.01.23Revised NG  
IPP Rev:D 08-04-16 now water jet DD verified by:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|              |  |           |    |  |  |     |    |          |        |           |  |  |  |
|--------------|--|-----------|----|--|--|-----|----|----------|--------|-----------|--|--|--|
| M2024T3S.032 |  | Purchased | No |  |  | 100 | sf | 175.7481 | 2.8777 | 3.0291579 |  |  |  |
|--------------|--|-----------|----|--|--|-----|----|----------|--------|-----------|--|--|--|

2024-T3 .032 sheet

Location

Loc Qty

Loc Code

MAT022

175.7481

118243

16.2481

118523

73

121309

86.5

121309

Jun 12-8-12

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%; border: none;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |   |                   |                    |             |              |              |
| Operator      |      |      |     |   |                   |                    |             |              |              |
| Material      |      |      |     |   |                   |                    |             |              |              |
| Setup         |      |      |     |   |                   |                    |             |              |              |
| Other         |      |      |     |   |                   |                    |             |              |              |
| Process       |      |      |     |   |                   |                    |             |              |              |
| Supplier      |      |      |     |   |                   |                    |             |              |              |
| Training      |      |      |     |   |                   |                    |             |              |              |
| Unapproved    |      |      |     |   |                   |                    |             |              |              |

### FAULT CATEGORY

|  |   |  |
|--|---|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions<br><br><input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |
|--|---|--|



|                              |  |              |         |
|------------------------------|--|--------------|---------|
| DART AEROSPACE LTD           |  | Work Order:  | 88171 - |
| Description: Back Panel      |  | Part Number: | D3023-1 |
| Inspection Dwg: D3023 Rev: A |  | Page 1 of 1  |         |

### FIRST ARTICLE INSPECTION CHECKLIST

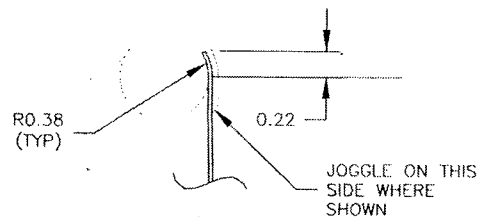
☒ First Article ☐ Prototype

| Drawing Dimension | Tolerance     | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|---------------|------------------|--------|--------|----------------------|----------|
| Ø0.128            | +0.005/-0.001 | 0.129"           | ✓      |        | ✓                    | mm       |
| Ø0.191            | +0.005/-0.001 | 0.191"           | ✓      |        | ✓                    |          |
| 1.660             | +/-0.010      | 1.662"           | ✓      |        | ✓                    |          |
| 0.375             | +/-0.010      | 0.381"           | ✓      |        | ✓                    |          |
| 1.340             | +/-0.010      | 1.338"           | ✓      |        | ✓                    |          |
| 2.375             | +/-0.010      | 2.378"           | ✓      |        | ✓                    |          |
| 0.375             | +/-0.010      | 0.381"           | ✓      |        | ✓                    |          |
| 25.28             | +/-0.030      | 25.28"           | ✓      |        | T                    |          |
| 27.03             | +/-0.030      | 27.03"           | ✓      |        | T                    |          |
| 28.10             | +/-0.030      | 28.10"           | ✓      |        | T                    |          |
| 1.30              | +/-0.030      | 1.301"           | ✓      |        | ✓                    |          |
| 2.375             | +/-0.010      | 2.380"           | ✓      |        | ✓                    |          |
| 8.711             | +/-0.010      | 8.713"           | ✓      |        | ✓                    | Pressure |
| 5.597             | +/-0.010      | 5.596"           | ✓      |        | ✓                    |          |
| 8.57              | +/-0.030      | 8.572"           | ✓      |        | ✓                    | #        |
| 1.970             | +/-0.010      | 1.968"           | ✓      |        | ✓                    |          |
| 7.42              | +/-0.030      | 7.423"           | ✓      |        | ✓                    |          |
| 10.92             | +/-0.030      | 10.918"          | ✓      |        | ✓                    |          |
| 14.75             | +/-0.030      | 14.75"           | ✓      |        | T                    |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |

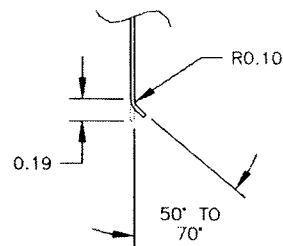
|                 |                    |                     |     |
|-----------------|--------------------|---------------------|-----|
| Measured by: JM | Audited by: DAS 16 | Prototype Approval: | N/A |
| Date: 12-8-18   | Date: 12/8/18      | Date:               | N/A |

| Rev | Date     | Change    | Revised by | Approved |
|-----|----------|-----------|------------|----------|
| A   | 08.11.27 | New Issue | KJ/EC      |          |

SECTION A-A  
SCALE 1:1  
(TYPICAL, EXCEPT WHERE SHOWN)

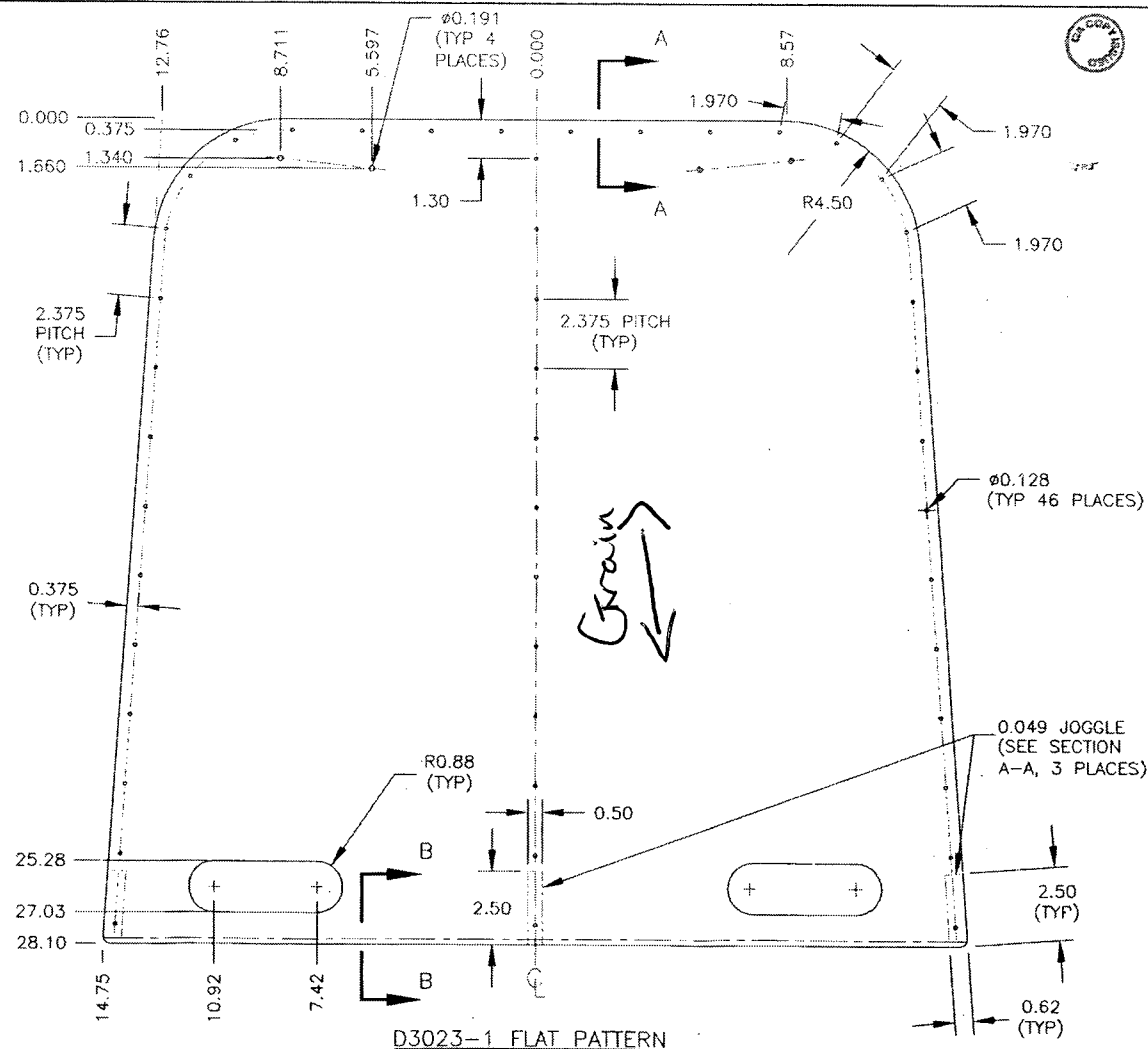


SECTION B-B  
SCALE 1:1  
(BOTTOM EDGE ONLY)



RELEASED  
9.06.07

D3023-1 BEND DETAIL



D3023-1 FLAT PATTERN

D3023-1 BACK PANEL:

- 1) MATERIAL: 2024-T3 (QQ-A-250/4) 0.032 THICK
- 2) FINISH: ACID ETCH & ALODINE PER DART QSI 005 4.1  
POWDER COAT GREY SANTEX (REF 4.3.5.6) PER DART QSI 005 4.3
- 3) ALL DIMENSIONS ARE IN INCHES.
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.

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DART AEROSPACE LTD.

|         |          |  |
|---------|----------|--|
| A       | 01.05.18 | NEW ISSUE  |
| DESIGN  | CF       | DRAWN BY   |
| CHECKED | #        | APPROVED   |
| DATE    | 01.05.18 | TITLE  |
|         |          | BACK PANEL   |
|         |          | DART AEROSPACE LTD.<br>HARRISBURG, ONTARIO, CANADA |
|         |          | DRAWING NO.<br>D3023                               |
|         |          | REV. A<br>SHEET 1 OF 1                             |
|         |          | SCALE<br>1:4                                       |

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88171 MLJ  
12/08/01